

Use additional forms as needed. (Complete page numbers in the upper right corner)

Page \_\_\_ of \_\_\_ Date initiated (month, day, year) ICWIS number Adult household members Male/Female Relationship Minor household members Date of birth Date of birth | Male/Female Role Relationship Role Brief description of circumstances: SAFETY PLAN FOR CHILD(REN) \* (This plan is to include details considering the safety of all minor household members. It must include details regarding what will be done by whom and who will monitor the activity or action, including any service provider referrals.) Safety plan: Name of child: Monitored by: \* Note: Any non-compliance must be reported immediately to the Department of Child Services and may result in further action. Report to: Signature of parent/caregiver Date (month, day, year) Signature of parent/caregiver Date (month, day, year) Date (month, day, year) Signature of other (relationship) Signature of other (relationship) Date (month, day, year) Signature of Family Case Manager Date (month, day, year) Signature of reviewing supervisor Date (month, day, year)